Municipal Form No. 102—(Revised Dec. 1, 1959) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: Cebu

City or Municipality: Talisay

Register Number:
(a) Civil Registrar-General No. ____
(b) Local Civil Registrar No. 164

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

RESERVE FOR BINDING

1. PLACE OF BIRTH
a. Province: Cebu
b. City or Municipality: Talisay
c. Name of Hospital or Institution (If not in hospital, give street address): Bo. Tabunok
d. Is Place of Birth Inside City Limits? Yes ☐ No ☑

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Cebu
b. City or Municipality: Talisay
c. Number and Street: Bo. Tabunok
d. Is Residence Inside City Limits? Yes ☐ No ☑
e. Is Residence on a Farm? Yes ☑ No ☐

CHILD
3. Name (Type or print): First: NEVIN Middle: ABAQUITA Last: PACADA
4. Sex: male
5a. This Birth: Single ☑ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month: Feb. Day: 10 Year: 1970

FATHER
7. Name: First: Lucio Middle: Cabanio Last: Pacada
Religion: R.C. Nationality: Filipino Race: Filipino
9. Age (At time of this birth): Years: 33
10. Birthplace: Tabunok, Talisay, Cebu
11a. Usual Occupation: Laborer
11b. Kind of Business or Industry: none

MOTHER
12. Maiden Name: First: Imaculada Middle: Labaja Last: Abaquita
Religion: R.C. Nationality: Filipino Race: Filipino
14. Age (At time of this birth): Years: 31
15. Birthplace: Tabunok, Talisay, Cebu
16. Previous Deliveries to Mother (Do not include this birth)
a. How many children are now living? 6
b. How many other children were born alive but are now dead? 1
c. How many fetal deaths (fetuses born dead any time after conception)? 0

17a. Informant's Signature: Imaculada Pacada
b. Name in Print: IMACULADA A. PACADA
c. Address: Tabunok, Talisay, Cebu

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Tabunok, Talisay, Cebu

19. ATTENDANT AT BIRTH
I hereby certify that I attended the birth of this child who was born alive at 2:30 o'clock P. M. on the date above indicated.
a. Signature: Rupert E. Ocampo
b. Name in Print: RUPERT E. OCAMPO
c. Address: Pob. Talisay, Cebu
d. Date Signed by Attendant at Birth: 2-10-70
e. Title of Attendant at Birth: ☐ M. D. ☑ Midwife ☐ Nurse ☐ Others (Specify)

20a. Received in the Office of the Local Civil Registrar by:
b. Signature:
c. Name in Print: ASST. MUNICIPAL TREASURER
c. Title or Position:
d. Date: 2-10-70

21. a. Given Name Added from Supplemental Report: 167
b. Date When Given Name was Supplied: 2-10-71

22a. Length of Pregnancy: 40 Completed Weeks.
22b. Weight at Birth: 10 Lbs. ____ Oz.
23. Legitimate: ☑ Yes ☐ No

24. Date and Place of Marriage of Parents (For legitimate birth): May (Month) 26 (Date) 1956 (Year)
City or Municipality: Talisay Province: Cebu

25. This Certificate is Prepared by:
Signature: Rupert E. Ocampo
Name in Print: RUPERT E. OCAMPO
Title or Position: Clerk-Midwife
Date: 2-10-70

18—239. (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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BEST POSSIBLE IMAGE

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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

MB000001588